

SOAP #6

S:

MR is a 52 y/o M w/ PMHx of kidney stones who is presenting w/ right flank pain that radiates down to his lower abdomen. He endorses nausea, 3 episodes of vomiting, polyuria with urinary frequency. He states that pain was initially intermittent, but is now constant, 9/10, sharp pain.

Denies any intake of OTC pain medications, fever, chills, body aches, hematuria, foul smelling urine, nocturia, oliguria, incontinence, diarrhea, constipation, rectal bleeding, blood in stool, dizziness, radiation of pain, change in appetite, intolerance to specific foods, dysphagia, pyrosis, unusual flatulence or eructations, jaundice, hemorrhoids, inguinal pain, penile pain, penile discharge, testicular pain, testicular swelling, concern for STDs, or trauma

PMH: Kidney Stones, denies any other pmh

PSH: Cholecystectomy

Allergies: NKDA

Medications: Denies intake of any prescription medications

FHx: Non-contributory

SHx: 20 pack year h/o smoking, social EtOH use, denies illicit drug use

O:

T 36.6C orally | BP 143/85cmmHg | P 64 BPM, regular | RR 17 breaths/min, unlabored | SpO2 99% RA
H 67in | W 143 lb. | BMI 22.4

Gen: Overweight male dressed appropriately in hospital gown, looks stated age of 52 years. AxO x3. Appears uncomfortable and in no acute distress.

CV: RRR. S1 and S2 are normal. There are no murmurs, S3, S4, splitting of heart sounds, friction rubs.

Pulm: Clear to auscultation and percussion bilaterally. Chest expansion symmetrical. No wheezing, rhonchi, rales, dullness.

GI: **+CVA Tenderness**, abdomen soft, non-tender to palpation throughout, no guarding, no rebound tenderness, no pulsatile masses, no McBurney's sign, no psoas sign, no obturator sign

Musculoskeletal: FROM in all extremities and C/T/L-Spine. No deformity, no paravertebral tenderness, no midline tenderness, no spasm, no bilateral LE edema or swelling, or focal tenderness.

A:

52 yo male with constant right flank pain and CVA tenderness appearing on exam. Likely nephrolithiasis.

Differential Diagnosis:

- AAA
- Acute mesenteric ischemia
- Appendicitis
- Pyelonephritis
- Cystitis
- Nephrolithiasis

P:

Labs: UA, UC, CBC with diff, CMP, Lipase, Lactate WB venous, COVID

Imaging/Tests: CT w/o contrast to r/o AAA

Nephrolithiasis:

- 1000 mL of normal saline
- Tamsulosin 0.4mg PO QHS until stone is cleared

Pain:

- Ketorolac 15mg

Nausea:

- Ondansetron 4 mg

Initial DDx Based on CC:

- AAA
- Renal artery embolism
- Renal vein thrombosis
- Aortic dissection
- Mesenteric ischemia
- Pyelonephritis
- Renal cell carcinoma
- Renal infarction
- Renal hemorrhage
- Nephrolithiasis
- Blood clot
- Stricture
- Cystitis
- Biliary colic
- Pancreatitis
- Perforated peptic ulcer
- Appendicitis
- Inguinal Hernia
- Diverticulitis
- Cancer
- Bowel obstruction
- Gynecologic
- Ectopic Pregnancy
- PID/TOA
- Ovarian cyst
- Ovarian torsion
- Endometriosis
- GU
- Testicular torsion
- Epididymitis
- Other
- Shingles
- Lower lobe pneumonia
- Retroperitoneal hematoma/abscess/tumor
- Epidural abscess
- Epidural hematoma

Adjusted DDx After H&P:

- AAA
- Acute mesenteric ischemia
- Appendicitis
- Pyelonephritis
- Cystitis
- Nephrolithiasis